

## Corres. and Mail BOX AF

Patent Attorney's Docket No. <u>027260-295</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

* *		REPLY UNDER 37 C.F.R. 1.116 EXPEDITED PROCEDURE- TECHNOLOGY CENTER 1756  Group Art Unit: 1756						
Kazuya	KAMON	) TECHNOLOGY CENTER 1756						
Applica	ation No.: 09/320,946	) Group Art Unit: 1756						
Filed: May 26, 1999		) Examiner: S. Mohamedulla						
For:	PHOTOMASK, FABRICATION METHOD OF PHOTOMASK, AND FABRICATION METHOD OF SEMICONDUCTOR INTEGRATED CIRCUIT	Confirmation No.: 5658  Confirmation No.: 5658  Confirmation No.: 5658						
	AMENDMENT/REPLY T	RANSMITTAL LETTER						
P.O. B	issioner for Patents ox 1450 dria, VA 22313-1450	Date: November 10, 2003						
Sir:								
Er	aclosed is a reply for the above-identified pa	tent application.						
[	[ ] A Petition for Extension of Time is also enclosed.							
[	A Terminal Disclaimer and the [ ] \$55.0 C.F.R. § 1.20(d) are also enclosed.	00 (2814) [ ] \$110.00 (1814) fee due under 37						
[	[ ] Also enclosed is/are							
[	] Small entity status is hereby claimed.							
[	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [ ] \$385.00 (2801) [ ] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).							
	[ ] Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.							
	[ ] Applicant(s) previously submitted _ requested.	, on, for which continued examination is						

Amendment/Reply Transmittal Letter Application No. <u>09/320,946</u> Attorney's Docket No. <u>027260-295</u> Page 2

	does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
[]	No additional claim fee is required.

[X] An additional claim fee is required, and is calculated as shown below:

		AMENDED	GLAIM	S		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE	
Total Claims	34	MINUS 45 =	0	× \$18.00 (1202) =	0.00	
Independent Claims	dependent Claims 24 MINUS 11 = 13 × \$86.00 (1201) =		× \$86.00 (1201) =	1118.00		
If Amendment adds multiple dependent claims, add \$290.00 (1203)						
Total Claim Amendment Fee						
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee						
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						

[X]	A total fee	in the	amount of \$	1118.00	is enclosed.
[]	Charge \$		to Depos	it Account N	lo. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: November 10, 2003

Ellen Marcie Emas Registration No. 32,131

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